

# Arizona Vital Records Request for Copy of Birth Certificate

	Today's Date	# of Copies Requested	Reason for Request		Payment Method
<b>BIRTH CERTIFICATE INFORMATION</b>	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Birth Certificate First Middle Last		
	Town/City of Birth		County	Hospital	
	Mother's/Parents First Name	Middle	Last Name Prior to first Marriage	Date of Birth	State (if US) OR Country of Birth
	Father's/ Parents First Name	Middle	Last	Date of Birth	State (if US) OR Country of Birth
	Do you belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify tribe.		
<b>PERSON REQUESTING</b>	<b>Applicant's Full Name – Printed</b> First Middle Last			<b>Applicant's Signature – Required</b>	
	Mailing Address: Street <b>or</b> PO Box			City	State Zip
	Daytime Telephone Number		Email Address		
	Your Relationship to Person on Certificate – Check One. * PROOF of relationship MUST be provided if you are NOT named on the certificate. <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other:				
<b>NOTARY AREA</b>	State of _____ County of _____ on this _____ day _____, 20_____ before me personally appeared _____ (name of Signer), whose identity was proven to me on the basis of satisfactory evidence to be the person who name is subscribed to this document, and who acknowledge that he/she signed the above document. Notary signature _____ My Commission Expires _____			Affix Seal/Stamp Here	
<b>INFO</b>	<b>For Office Use Only – State File Number/Serial Number</b>			Request ID	
	Applicant's Name:		Staff Initials	Date Picked-Up	

**\*\*\*\*\*PERSON APPLYING MUST PICK-UP BIRTH CERTIFICATE\*\*\*\*\***

CUSTOMER CHECKLIST	FOR OFFICE USE ONLY
<p><b>IN PERSON</b></p> <p><input type="checkbox"/> A valid USA signed government photo ID.</p> <p><input type="checkbox"/> Signed application.</p> <p><input type="checkbox"/> Certificate fee (\$20.00 ea) cash or money order only.</p> <p><b>REQUEST BY MAIL</b></p> <p><input type="checkbox"/> Clear photocopy of the front and back of your valid, USA signed government issued ID OR your signature notarized.</p> <p><input type="checkbox"/> Signed application.</p> <p><input type="checkbox"/> Correct fee enclosed.</p> <p><input type="checkbox"/> Payment accepted money order only for the exact amount (\$20.00), payable to Vital Records.</p> <p><input type="checkbox"/> A self-addressed stamped envelope.</p> <p><i>*Yuma County Vital Records is not responsible for lost or stolen birth certificates requested by mail.</i></p>	<p>Birth _____ (\$20.00 ea) Misc _____ (\$10.00 ea) Exp _____</p> <p>Print Code Fee _____ (\$30.00 ea)</p> <p>Paternity _____ (\$30.00 ea) 1997 to present</p> <p>Correction _____ (\$30.00 ea) 1997 to present</p> <p>Amount of Copies _____ Cash _____ MO _____</p> <p>Total Paid _____</p> <p>ID Verification _____ Notarized Application _____</p> <p>Mail _____ Pick Up _____</p> <p>Mail verified by: _____</p>

Note: After 90 days unclaimed birth certificates will be destroyed, per Vital Records Policy.

Special Instructions:

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YUMA COUNTY HEALTH SERVICES DISTRICT  
 OFFICE OF VITAL RECORDS  
 2200 W 28TH ST SUITE #256  
 YUMA, AZ 85364  
 Phone (928) 317-4530 FAX (928) 317-4678  
 Office Hours 8:00-4:00 M-F

Revised: 01/2016